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Suite 184  
West Des Moines, IA 50266

Phone: 515.223.0159  
Fax: 515.223.5429  
www.kiesling.com

**REDACTED – FOR PUBLIC INSPECTION**

June 25, 2015

**Received & Inspected**

Marlene H. Dortch, Secretary  
Federal Communications Commission  
Office of the Secretary  
445 12th Street, SW  
Washington, DC 20554

**JUN 29 2015**

**FCC Mail Room**

**Re: WC Docket No. 14-58  
2015 ETC Annual Report of Citizens Mutual Telephone, Study Area Code 351129  
Request for Confidentiality**

Dear Ms. Dortch:

On behalf of Citizens Mutual Telephone, Kiesling Associates LLP files the attached confidential and redacted versions of the FCC Form 481 ETC annual reporting information pursuant to Sections 54.313 and 54.422 of the Commission's rules.<sup>1</sup> Citizens Mutual Telephone seeks confidential treatment under Protective Order for Section 54.313(f)(2) financial information.<sup>2</sup> The redacted version is also being filed this date via the FCC's Electronic Comment Filing System. In addition, an attached letter requests confidential treatment under Sections 0.457 and 0.459 of the initial Section 54.202(a) Five-Year Service Quality Improvement Plan as required by Section 54.313(a)(1).<sup>3</sup>

Please direct any questions about this filing to the undersigned at 515-223-0159 or cclauson@kiesling.com.

Sincerely,

KIESLING ASSOCIATES LLP

*Cheryl A. Clauson*

Cheryl A. Clauson, CPA  
Partner

cc: Charles Tyler, Telecommunications Access Policy Division (two copies, confidential)

<sup>1</sup> 47 C.F.R. §§ 54.313, 54.422.

<sup>2</sup> *Connect America Fund et al.*, WC Docket No. 10-90 *et al.*, Protective Order, DA 12-1857 rel. Nov. 16, 2012 (Protective Order). 47 C.F.R. § 54.313(f)(2).

<sup>3</sup> 47 C.F.R. §§ 0.457, 0.459, 54.313(a)(1).

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**Re: WC Docket 14-58  
2015 ETC Annual Report of Citizens Mutual Telephone, Study Area Code 351129**

Dear Ms. Dortch:

On behalf of Citizens Mutual Telephone (the “Company”), Kiesling Associates LLP hereby requests withholding from public inspection certain information contained in an attachment to the above referenced reporting requirement, pursuant to Sections 0.457 and 0.459 of the Commission’s rules.<sup>1</sup> The Company provides the following in support of its request, numbered consistent with the subparagraphs of Section 0.459(b).<sup>2</sup>

1. The information for which the Company is seeking confidential treatment is the attachment at Line 112 of the Company’s annual reporting information in FCC Form 481, pursuant to Sections 54.313 and 54.422 of the Commission’s rules (“Report”).<sup>3</sup>
2. Pursuant to Section 54.313(a)(1), Rate-of-Return Eligible Telecommunications Carriers (“ETCs”) must file with the Commission a Progress Report on its Five-Year Service Quality Improvement Plan (“Progress Report”) which is contained in the attachment to the 2015 Report.<sup>4</sup>
3. The information contained in attachment for which the Company seeks the withholding from public inspection is the entirety of data pertaining to the Company’s Five-Year Plan, as provided at FCC Form 481 Line 112 attachment. Information of this nature is confidential commercial information routinely withheld from public inspection.
4. With respect to identifying the degree to which the subject attachment concerns a service that is subject to competition, the information is of a financial and competitive nature regarding the provision of telecommunications services. The Line 112 attachment contains competitively sensitive information related to proposed improvements or upgrades and maintenance the Company’s network.

<sup>1</sup> 47 C.F.R. §§ 0.457, 0.459.

<sup>2</sup> 47 C.F.R. § 0.459(b)(1) through (9).

<sup>3</sup> 47 C.F.R. §§ 54.313, 54.422.

<sup>4</sup> 47 C.F.R. §§ 54.313(a)(1).



**REDACTED – FOR PUBLIC INSPECTION**

In its *March 5, 2013 Order*, the FCC specified that for rate-of-return carriers, the five-year plans “should describe the carrier’s network improvement plan, which should provide greater visibility into current plans to extend broadband service to unserved locations in rate-of-return service territories.”<sup>5</sup> The Company is a rate-of-return carrier filing its five-year service improvement plan which contains proprietary, competitively sensitive information related to the Company’s existing network including the specific locations of customers as well as describe proposed improvements or upgrades and maintenance of its network throughout its service area. Specifically, this information sets forth services provided by the Company over its existing network including specific locations of customers as well as planned network improvement and maintenance for the years 2015 through 2019 including project start and completion dates, population that will be impacted by the improvements and upgrades at the wire center level and projected capital costs associated with the improvements and upgrades and operating costs associated with maintaining the network including depreciation for investments that have already been made. As such, this information contains competitively sensitive information related to the Company’s existing network as well as detailed plans at the wire center level for network upgrades and maintenance projected for the years 2015 through 2019.

5. With respect to identifying possible exposure to competitive harm, the information contained in the Line 112 attachment is information that is not customarily released to the public. This information is proprietary to the Company, is unique to the Company’s serving territory and is only known to the Company and its authorized agents. If the Information is not protected, it would have economic value to existing and potential competitors who would be able to target their marketing to specific customers. In a competitive telecommunications marketplace, this type of information is highly sensitive. If publicly disclosed, it would enable competitors to craft business plans that capitalize on their knowledge of the locations of the Company’s customers which would place the Company at a competitive disadvantage.
6. With respect to steps the Company has taken to ensure against unauthorized disclosure of the information contained in the attachment, the Company is filing the attachment under seal. The Company uses the information contained in the Five-Year Plan to ensure that its customers continue to receive state-of-the-art high quality telecommunications and broadband services that the Company has been providing to them for many years as well as to satisfy mandatory reporting requirements and does not share the information for which protection is sought. The Company protects the secrecy of this information with a security protocol that ensures the information is not inadvertently disclosed or disseminated. Only directors, managers and employees with a direct need to know are authorized to access the information.
7. Previous versions of this information are not publicly available.
8. Because the information is not routinely available, a need exists for maintaining the confidentiality of this information permanently.
9. Not applicable.

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<sup>5</sup> See *Connect America Fund et al.*, WC Docket 10-90 *et al.*, Order, DA 13-332 (rel. Mar. 5, 2013) (“*March 5, 2013 Order*”) at para. 9 citing Section 54.202(a)(1)(ii).

**REDACTED – FOR PUBLIC INSPECTION**

Based on the preceding, Kiesling respectfully requests on behalf of the Company that the Commission grant confidential treatment under Section 0.459 to Company's Five-Year Plan provided at FCC Form 481 Line 112 attachment.

Please contact the undersigned at 515-223-0159 or [cclauson@kiesling.com](mailto:cclauson@kiesling.com) with questions regarding this request.

Sincerely,

KIESLING ASSOCIATES LLP

*Cheryl A. Clauson*

Cheryl A. Clauson, CPA  
Partner

<b>FCC Form 481 - Carrier Annual Reporting Data Collection Form</b>		FCC Form 481 OMB Control No. 3045-0085/OMB Control No. 3045-0019 July 2015
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<010> Study Area Code	351129	Received & Inspected
<015> Study Area Name	CITIZENS MUTUAL TEL	
<020> Program Year	2016	JUN 29 2015
<030> Contact Name: Person USAC should contact with questions about this data	Joe Snyder	
<035> Contact Telephone Number: Number of the person identified in data line <030>	6416642074 ext.	FCC Mail Room
<039> Contact Email Address: Email of the person identified in data line <030>	jsnyder@cmtel.com	

ANNUAL REPORTING FOR ALL CARRIERS		54.313 Completion Required	54.422 Completion Required
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> -- check box if no outages to report		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300> Unfulfilled Service Requests (voice)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> (attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> (attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<440> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<450> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> 351129ia510.pdf	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> 351129ia610.pdf	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)?	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability Certification	Yes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> 351129ia1010.pdf	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1100> Certify whether terrestrial backhaul options exist (Yes or No)	(if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet</b>			
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers			
<2000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet</b>			
<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>



<b>(100) Service Quality Improvement Reporting Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010> Study Area Code	351129
<015> Study Area Name	CITIZENS MUTUAL TEL
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Joe Snyder
<035> Contact Telephone Number - Number of person identified in data line <030>	6416642074 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	jsnyder@cmtel.com

<110> Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
If your answer to Line <110> is yes, do you have an existing §54.202(a) "5	
<111> year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

351129ia112.pdf

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year

service quality improvement plan pursuant to §54.202(a). The information shall be

- |       |   |  |
|-------|---|--|
| <113> | Maps detailing progress towards meeting plan targets  |  |
| <114> | Report how much universal service (USF) support was received                                    |  |
| <115> | How much (USF) was used to improve service quality and how support was used to improve service  |  |
| <116> | How much (USF) was used to improve service coverage and how support was used to improve service |  |
| <117> | How much (USF) was used to improve service capacity and how support was used to improve service |  |
| <118> | Provide an explanation of network improvement targets not met in the prior calendar year.       |  |

Yes
Yes
Yes
Yes
Yes
Not Applicable

FCC Form 481  
OMB Control No. 3060-0985/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	351129
<015>	Study Area Name	CITIZENS MUTUAL TEL
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Joe Snyder
<035>	Contact Telephone Number - Number of person identified in data line <030>	6416642074 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jsnyder@cmtel.com

[illegible]

Page 4



FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

[illegible]

<010>	Study Area Code	351129
<015>	Study Area Name	CITIZENS MUTUAL TEL
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Joe Snyder
<035>	Contact Telephone Number - Number of person identified in data line <030>	6416642074 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jsnyder@cmtel.com
<810>	Reporting Carrier	Citizens Mutual Telephone Cooperative
<811>	Holding Company	Citizens Mutual Telephone Cooperative
<812>	Operating Company	Citizens Mutual Telephone Cooperative

Page 6

(900) Tribal Lands Reporting  
Data Collection Form

FCC Form 481

OMB Control No. 3050-0986/OMB Control No. 3050-0819

July 2013

<010>	Study Area Code	351129
<015>	Study Area Name	CITIZENS MUTUAL TEL
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Joe Snyder
<035>	Contact Telephone Number - Number of person identified in data line <030>	6416642074 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	janyder@cmtel.com

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes

to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to

- <921> Needs assessment and deployment planning with a focus on Tribal
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select Yes or No or Not



(1100) No Terrestrial Backhaul Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	351129
<015>	Study Area Name	CITIZENS MUTUAL TEL
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Joe Snyder
<035>	Contact Telephone Number - Number of person identified in data line <030>	6416642074 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	janyder@cmtel.com

Please confirm whether terrestrial backhaul options exist within the supported area

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps

<b>(1200) Terms and Condition for Lifeline Customers</b> <b>Lifeline</b> <b>Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	351129
<015> Study Area Name	CITIZENS MUTUAL TEL
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Joe Snyder
<035> Contact Telephone Number - Number of person identified in data line <030>	6416642074 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	jsnyder@cmtel.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

3511291a1210.pdf

Name of Attached Document

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(f)(2) annual reporting for ETCs receiving low-income support. carriers must

- |  |                                     |
|--|-------------------------------------|
| <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, | <input checked="" type="checkbox"/> |
| <1222> Details on the number of minutes provided as part of the plan,  | <input checked="" type="checkbox"/> |
| <1223> Additional charges for toll calls, and rates for each such plan.  | <input checked="" type="checkbox"/> |

(300) Price Cap Carrier Additional Documentation Data Collection Form Including Rate of Return Carriers affiliated with Price Cap Local Exchange Carriers	FCC Form 481 OMB Control No. 3060-0586/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	351129
<015> Study Area Name	CITIZENS MUTUAL TEL
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Joe Snyder
<035> Contact Telephone Number - Number of person identified in data line <030>	6618642074 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	jsnyder@cmtel.com

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

**Incremental Connect America Phase I reporting**

- <2010> 2nd Year Certification (47 CFR § 54.313(b)(1)i)  
 <2011a> 3rd Year Certification (47 CFR § 54.313(b)(1)ii)  
 <2011b> Attachment (47 CFR § 54.313(b))


Name of Attached Document(s) Listing Required

**Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))**

- <2012> 2013 Frozen Support Calculation (47 CFR § 54.313(c)(1))  
 <2013> 2014 Frozen Support Calculation (47 CFR § 54.313(c)(2))  
 <2014> 2015 Frozen Support Calculation (47 CFR § 54.313(c)(3))  
 <2015> 2016 and future Frozen Support Calculation (47 CFR § 54.313(c)(4))


**Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))**

- <2016> Certification Support Used to Build Broadband

--

**Connect America Phase II Reporting (47 CFR § 54.313(e))**

- <2017> 3rd year Broadband Service Certification  
 <2018> 5th year Broadband Service Certification  
 <2019> Interim Progress Certification


- <2020> Please check the box to confirm that the attached document(s) on line contains the required pursuant to § 54.313 (e)(1)(iii) as a recipient of CAF Phase II support shall provide the number, names, addresses of community anchor institutions to which began providing access to broadband service in preceding calendar

--

- <2021> Interim Progress Community Anchor Institutions

--

Name of Attached Document(s) Listing Required



(3000) Attach OR Return Carrier Additional Documentation		FDG Form 486
Data Collection Form		OMB Control No: 3060-0185/OMB Control No: 3060-0815
		July 2013

<010> Study Area Code	351129
<015> Study Area Name	CITIZENS MUTUAL TEL
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Joe Snyder
<035> Contact Telephone Number - Number of person identified in data line <030>	6416642074 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	jsnyder@cmtel.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3010) Progress Report on 5 Year Plan  
Milestone Certification (47 CFR § 54.313(f)(1)(i))

351129ia3010.pdf  
Name of Attached Document Listing Required Information

(3011) Please check this box to confirm that the attached document(s) on line 3012 contains the required information § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which provision access to broadband service in the preceding calendar year began

☐

(3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(iii))

Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))  
(3014) If yes, does your company file the RUS annual report

(Yes/No)  
(Yes/No)

☒ ☒

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)

☒

(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash

☒

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

351129ia3017.pdf  
Name of Attached Document Listing Required Information

(3018) If the response is no on line 3014, Is your company audited?

(Yes/No)

☐ ☐

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains

(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications

☐

(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash

☐

(3021) Management letter and audit opinion issued by the independent certified public accountant that performed the company's

☐

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,

☐

(3023) Underlying information subjected to a review by an independent certified public accountant

☐

(3024) Underlying information subjected to an officer certification.

☐

(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash

(3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

Name of Attached Document Listing Required Information

**REDACTED – FOR PUBLIC INSPECTION**

**LINES 3027-3034**

**LINES REDACTED IN ENTIRETY**

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0219 July 2013
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<010> Study Area Code	351129
<015> Study Area Name	CITIZENS MUTUAL TEL
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Joe Snyder
<035> Contact Telephone Number - Number of person identified in data line <030>	6416642074 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	jsnyder@cmtel.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

<b>Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients</b>	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	



Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0586/OMB Control No. 3060-0813 July 2013
---	--

<010> Study Area Code	351129
<015> Study Area Name	CITIZENS MUTUAL TEL
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Joe Snyder
<035> Contact Telephone Number - Number of person identified in data line <030>	6416642074 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	jsnyder@cmtel.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>Kiesling Associates LLP</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	Kiesling Associates LLP
Name of Reporting Carrier:	CITIZENS MUTUAL TEL
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 06/15/2015
Printed name of Authorized Officer:	Joe Snyder
Title or position of Authorized Officer:	General Manager
Telephone number of Authorized Officer:	6416642074 ext.
Study Area Code of Reporting Carrier:	351129 Filing Due Date for this form: 07/01/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	CITIZENS MUTUAL TEL
Name of Authorized Agent or Employee of Agent:	Kiesling Associates LLP
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 06/15/2015
Printed name of Authorized Agent or Employee of Agent:	Cheryl Clauson
Title or position of Authorized Agent or Employee of Agent:	Regulatory Consultant
Telephone number of Authorized Agent or Employee of Agent:	5152230159 ext.
Study Area Code of Reporting Carrier:	351129 Filing Due Date for this form: 07/01/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

## Attachments

**REDACTED – FOR PUBLIC INSPECTION**

**ATTACHMENT – LINE 112**

**ATTACHMENT REDACTED IN ENTIRETY**

**FCC Form 481, Line 510: Certification of Compliance with Applicable Service Quality Standards and Consumer Protection Rules**

Iowa Administrative Code §199-22.6 requires an ETC to certify in its annual report that it is complying with applicable service quality standards and consumer protection rules. The ETC will measure its service connection, held order, and service interruption performance monthly according to this section. Citizens Mutual Telephone Cooperative certifies that it has complied with these requirements and will continue to comply with these requirements.



**FCC Form 481, Line 610: Certification Regarding Ability to Function in Emergency Situations**

Iowa Administrative Code §199-22.6(5) requires an ETC to certify in its annual report that it is complying with provisions to meet emergencies including but not limited to the provision of emergency power. Each central office shall contain a minimum of two hours of battery reserve and for offices without permanently installed emergency power facilities, there shall be access to a mobile power unit with enough capacity to carry the load which can be delivered on reasonably short notice and readily connected. Citizens Mutual Telephone Cooperative certifies that it has complied with these requirements and will continue to comply with these requirements.

REDACTED - FOR PUBLIC INSPECTION

(100) Price Offerings including Voice Rate Data.

Data Collection Form

FCC Form 481

OMB Control No. 3060-0085/OMB Control No. 3060-0819

July 2013

<010> Study Area Code 351129

<015>	Study Area Name	CITIZENS MUTUAL TEL
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<020>	Program Year	2016
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<030>	Contact Name - Person USAC should contact regarding this data	Joe Snyder
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<035>	Contact Telephone Number - Number of person identified in data line <030>	6416642074 ext.
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<039>	Contact Email Address - Email Address of person identified in data line <030>	jsnyder@cmtel.com
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1/1/2015

[illegible]

<703>

[illegible]

REDACTED - FOR PUBLIC INSPECTION

(710) Broadband Price Offerings  
Data Collection Form

FCC Form 481

OMB Control No. 3060-0086/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	351129
<015>	Study Area Name	CITIZENS MUTUAL TEL
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Joe Snyder
<035>	Contact Telephone Number - Number of person identified in data line <030>	6416642074 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jsnyder@cmte1.com

&lt;711&gt;

[illegible]

[illegible]



**FCC Form 481, Line 1210: Terms and Condition for Lifeline Customers**

**Lifeline Telephone Assistance Program**

Financial assistance through the Lifeline program is available to help eligible Iowans afford and maintain basic telephone service. Lifeline participation enables Iowans to stay connected to jobs, family, community resources, and government and emergency services. Lifeline is a federal government program that assists qualified Iowans by providing a monthly credit of \$9.25 on the local telephone bill.

The Lifeline program has recently been streamlined by the Federal Communications Commission. Lifeline benefits are now limited to one wire line or wireless phone per qualified household. Households currently receiving more than one Lifeline service must select a single Lifeline service provider and de-enroll from the program with any other provider(s).

Households eligible for or already receiving Medicaid, the Supplemental Nutrition Assistance Program, Supplemental Security Income Program, Federal Public Housing Assistance Program, Low-Income Home Energy Assistance Program, Temporary Assistance to Needy Families Program, or the National School Lunch Program may qualify. Consumers may also qualify based on their level of income. For more information, please see the Board's [2014 Lifeline Week news release](#).

A Lifeline [application form](#) is available from your local telephone service provider, the Iowa Utilities Board, or most [Community Action Agencies](#) in the state. To apply, simply complete the application form and then return it to your chosen participating provider. Additionally, residents of Tribal lands who are eligible for Lifeline, should check with their local telecommunications provider to inquire about additional benefits, including potential Link-Up telephone-installation benefits.

Re-certification forms are sent to all Lifeline subscribers each year. In order to continue receiving Lifeline assistance, these forms must be completed and returned to the subscriber's local telecommunications provider within 30 days. If the re-certification form is not returned, the telecommunications provider will discontinue the subscriber's Lifeline assistance.

Information about the [number of customers receiving Lifeline assistance](#) is reported by each Iowa telephone company. For more information, call the Iowa Utilities Board toll free at 1.877.565.4450, or visit [www.fcc.gov/lifeline](http://www.fcc.gov/lifeline) or [www.usac.org](http://www.usac.org).

Number of local minutes provided: Unlimited local calling

Equal access toll calls are available and are billed at carriers' standard rates for Lifeline subscribers.

Citizens Mutual Telephone  
Cooperative

SERVICES CATALOG

PART VI

Revised

Sheet No. 80

Cancels

Sheet No.

Filed with Board

SERVICE CHARGES

A. LIFELINE ASSISTANCE

1. The Federal Lifeline Assistance Program is a plan which assists qualified low-income applicants with reductions in their monthly local exchange service rate. The assistance applies for a single telephone line at the applicant's principal place of residence. Qualified applicants shall have their monthly local exchange service rate reduced by the federal support amount defined in 47 CFR 54.403.
2. Eligibility Requirements  
To be eligible for assistance, an applicant must provide documentation showing the applicant (1) meets income-based criterion currently defined as at or below 135 percent of the Federal Poverty Guidelines, OR (2) participates in at least one of the following programs as defined by 47 CFR 54.409:
  - a. Medicaid (e.g. Title XIX/Medical, state supplemental assistance)
  - b. Supplemental Nutrition Assistance Program (SNAP)
  - c. Supplemental Security Income (SSI)
  - d. Federal public housing assistance
  - e. Low-Income Home Energy Assistance Program (LHEAP)
  - f. Temporary Assistance for Needy Families Program (TANF)
  - g. National School Lunch Program

The Lifeline customer is responsible for notifying the Company if the customer ceases to participate in any of the public assistance programs listed above.

A Lifeline customer may only receive assistance from one wireline or one wireless telephone provider per household.

3. Application for Assistance  
An applicant shall request telephone assistance through completion of a certification form provided by the Company as governed by 47 CFR 54.410.
4. Rates
  - a. The Lifeline customer will receive a monthly credit toward their local exchange service rate. The total monthly credit identified in 47 CFR 54.403 shall be used to reduce the Lifeline customer's rate.
  - b. Toll blocking shall be included with this service offering without charge. No service deposit would be required if applicant voluntarily elects toll blocking with the initiation of Lifeline Service.

ISSUED: November 1, 2014 EFFECTIVE: December 1, 2014  
Date Date

BY: Joe Snyder General Manager Bloomfield, Iowa 52537  
Name Title Address

**Line 3010 Progress Report on 5 Year Plan – Milestone Certification**

The Company certifies that it is progressing to provide upon a reasonable request, broadband services at actual speeds of 4Mbps downstream/1Mbps upstream, with latency suitable for real-time applications including VoIP and usage capacity that is reasonably comparable to reasonably comparable offerings in urban areas, and that requests for such service are met within a reasonable amount of time.

**REDACTED – FOR PUBLIC INSPECTION**

**ATTACHMENT - LINE 3017**

**ATTACHMENT REDACTED IN ENTIRETY**